

NORTH CAROLINA STATE BOARD OF ELECTIONS AND ETHICS ENFORCEMENT

2018 STATEMENT OF ECONOMIC INTEREST CANDIDATE

919-814-3600 www.ncsbe.gov/Ethics/SEI

2018 ELECTION FILER'S NAME (FIRST, MIDDLE, LAST)						
Prefix	First Name	Middle Nan	1e	Last Name	Suffix	
Mr.	Samuel	Lee		Searcy		
CURRENT EMPLOYER			ЈОВ Т	TTLE		
Graybeard Distillery, Inc.			C.C.O			
NATURE OR TYPE OF I	BUSINESS					
Distillery						
REASON FOR FILING (S	SELECT ALL THAT APP	LY)				
CANDIDATE For (Sp	ecify the office for which y	you are runnir	ng)			
Senate						
STATE GOVERNMENT JOB (Specify Agency)			BOARD/COMMISSION (List complete name of all State boards on which you are serving or are being considered)			
JUDICIAL OFFICER (Specify Office)			LEGISLATOR (Specify House or Senate)			

A. Do other immediate far	nily m	embers reside in you	r household?	•				
☑ Yes □ No								
When used throughout this	s form,	the term Immediate	e family incl	udes your spo	use (unless legally so	eparate	d). It also includes	
members of your extended	l famil	y (your and your spo	use's childre	n, grandchildr	en, parents, grandpa	rents, a	nd siblings, and the	
spouses of each of those po	ersons)	who reside in your	household.					
List the full name of all a		_	•			ler 18 y	years old. Minors are	
emancipated by marriage,								
FULL NAME OF ADULTS & EMANCIPATED MINORS	RI	ELATIONSHIP	EMPI	LOYER	JOB TITLE		NATURE OF BUSINESS	
Shauna Searcy	Wife		N/A		N/A		N/A	
B. List ONLY the initial s	s of all	unemancinated mi	nors in vour	household be	low A minor is a ch	ild und	er 18 years old	
Note: You must list the fo		•	-				•	
INITIALS FOR		ELATIONSHIP		LOYER			NATURE OF	
UNEMANCIPATED CHILDREN							BUSINESS	
MAS	Daugh	nter	N/A		N/A		N/A	
CSS	Son		N/A	N/A			N/A	
ARS	Daugl	nter	N/A	N/A			N/A	
BJS	Son		N/A		N/A		N/A	
PROPERTY INTEREST	r S							
1. As of December 31, 201	17, did	you, your spouse, or	members of	your immedia	ate family:			
A. Have an ownership	— interest	t in North Carolina r	eal estate (in	cluding your r	esidence) with a man	ket val	ue of \$10,000 or more?	
☑ Yes □ No								
Owner of Real Estat	te	% Ownership	Interest	Loca	tion by City]	Location by County	
Sam Searcy		100		Sylva		Jackson		
Sam Searcy		100		Chapel Hill		Durham		
Sam Searcy	100			Horse Shoe		Transylvania		
Sam Searcy	earcy 100			Holly Springs		Wake		
ESI Holdings, LLC		33		Greenville F		Pitt		
				•				

Yes No Name of Lessor	Name	of Lessee (Renter)	If Real Estate, Loc	ation by	If Personal Property, Describe
Tume of Bessor			City & Coun		Transfer troperty, Describe
_					
2. At any time during 2016 or 2	017, did yo	ou, your spouse, or men	nbers of your immediate	e family se	ell to or buy from the State of
North Carolina personal proper	ty with a ma	arket value of \$10,000	or more?		
☐ Yes ☑ No				T	
Name of Purchaser	r	Name	of Seller		Type of Property
FINANCIAL INTERESTS					
	d vou vour	spouse or members of	vour immediate family	own any	of the following financial interests
valued at $$10,000$ or more? LIS				Own any	of the following finalicial interests
A. Stock in a publicly owner		OMPHVI HVDIVIDO	<u> </u>		
Yes ✓ No	a company.				
				1.0. 1	
		•	, ,		regulated investment companies,
=	_	_			re widely diversified; and (ii) ual fund, investment company, or
pension or deferred co		-	control the assets held i	ii uie iiiui	uai rund, investment company, or
	of Interest	piun.	Full Name of Co	ompany (Do not use a ticker symbol)
B. Stock Options in a compa	ny or busine	ess?			
☐ Yes ☑ No					
Owner of	Stock Option	on	Full Name of Co	ompany (Do not use a ticker symbol)

C. Interests in a non-publicly owned com	npany or business entity	y (including interests in	sole proprietorships, partnerships, limited	
partnerships, joint ventures, limited liability	companies, limited lia	bility partnerships, and	closely held corporations)?	
	stion 4.	,		
Owner of Interest		Name of	Company or Business Entity	
Sam Searcy		Graybeard Distillery		
Sam Searcy		ESI Holdings		
Sam Searcy		Distant Ridge		
Sam Searcy		Investiquant		
C (1). For each non-publicly owned complease list the names of <i>any other companies</i> , valued at over \$10,000, <i>if known</i> .	* *			
Non-Publicly Owned Company or Bu Primary Company)	siness Entity (the	Other Companies Sec	in which the Primary Company Owns urity or Equity Interests	
✓ None or Not Known				
C (2). If you know that any company or business entity listed in 3.C or 3.C(1) above has any material business dealings or business contracts with the State of North Carolina, or is regulated by the State, provide a brief description of that business activity. Name of Company or Business Entity Description of Business Activity with the State				
✓ None or Not Known				
4. As of December 31, 2017, were you, your value of \$10,000 or more that was created, € Do not list assets held in blind trusts. See 20 ☐ Yes ☑ No	established, or controlle	ed by you?		
Name and Address of Trustee	Description	of the Trust	Your Relationship to the Trust	

5. As of <u>December 31, 2017</u> , did	you, your spouse, or members of	your <u>immediate</u> family have liabil	ities of \$10,000 or more,
	orimary personal residence? Exam	ples include credit card debts, aut	o loans, student loans, personal
loans and intra-family debt.			
✓ Yes □No	In a dista Family March an	Toma of Condition (Comme	unial Daule Cuadit Huian
Name of Debtor (You, Spouse	, immediate ramily Member)	Type of Creditor (Comme Individu	ercial Bank, Credit Union, ual, etc.)
Sam Searcy		Commercial Bank, Student Loan	s
6. List each source of income (no	t specific amounts) of more than s	\$5,000 received by you, your spou	ise, or members of your
immediate family during 2017. I	nclude salary, wages, state/local g	government retirement, profession	al fees, honoraria, interest,
dividends, rental income, busines	s income, and other types of income	me required to be reported on you	r State and federal tax returns.
Do <u>not</u> include income received	from the following sources:		
► Capital gains	► Federal government reti	rement	
Military retirement	Social security income/S		
Recipient of Income	Name of Source	Type of Business/Industry	Type of Income
☐ I had no reportable income ove	er \$5,000 in 2017.		
Sam Searcy	Rental House	Rental	Rental Income
PROFESSIONAL AND CIVIC	RELATIONSHIPS		
employee, independent contractor Carolina primarily for religious, o	r, or registered lobbyist of a nonpe	nediate family a director, officer, grofit corporation or organization of the health and safety, or educations	perating in the State of North
/ A		a political subdivision of the State.	
Do not list organizations	s of which you are a mere membe	r.	
Name of Person	His/Her Position	Name of Nonprofit Corporation or Organization	Nature of Business or Purpose of Organization
•	•	business with the State of North C	
Name of Nonprofit Corp		Describe State Busin	
□ None or Not Known		I	

Please answer the following question as it pertains to the following board/agency: Senate					
During 2017 were you your	renouse or r			officer or	governing board member of any
	_				
society, organization, or advocacy group with an interest in matters over which your agency or board may have jurisdiction? Yes No Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a					
· · · · · · · · · · · · · · · · · · ·			g as an appointee to thos	_	ou are ming occause you are a
	ons of which		er (not serving in a leade		
Name of Person			ty, Organization or acy Group	Leaders	hip Position (Director, Officer, Board Member)
9(a). List the name of each con	nany or huci	ness with which you	were associated where v	ou or a me	mber of your immediate family
was an employee, director, offi	-	· ·	•		
Name of Person		tionship to Filer	Name of Comp		Role of Person
No Business Associations					
Sam Searcy	Filer		Graybeard Distillery		ССО
Sam Searcy	Filer		ESI Holdings		Manager, Member
Sam Searcy	y Filer		Distant Ridge		Member Manager
9(b). If you know that any comwith the State of North Carolin activity.	•	· ·	•		· ·
Name of Compa	ny or Busine	ss Entity	Description of	of Business	s Activity with the State
☐ Not applicable (No entities l	isted on #9a)	☐ No relationship	/ Not known		
Graybeard Distillery			Regulated by NC ABC Commission		
10. Are you a practicing attorne	ey?				
☐ Yes ☑ No ☐ Judicial Of	ficer/State A	ttorney			
If "Yes", check each category	of legal repre	sentation in which yo	ou or the law firm with w	hich you a	re affiliated has earned legal fees
of more than \$10,000 during 20					
☐ Administrative	 □ Admira	lty	☐ Corporate		☐ Criminal
☐ Decedent's Estates	☐ Enviror	mental	☐ Insurance		Labor
Local Government	Real Pr	operty	Securities		□Tax
☐ Tort litigation (including negligence)	Utilities	Regulation	Other category not l	isted.	

11. <u>During 2017</u> , were you a license member of a professional association		* * *	vide consul	ting services individually or as a
☐ Yes ☑ No Type of Bu	ısiness	Nati	ıre of Serv	rices Rendered
Please answer the following question	on as it pertains to the following	g board/agency:		
		nate		
12. Are you or your employer, your	spouse or members of your im	nmediate family, or their	r employer	currently:
• <u>Licensed by</u> the State board or en	mploying entity with which you	are or will be associated	ed or	
• Regulated by the State board or e	employing entity with which yo	ou are or will be associa	ted or	
Have a business relationship with	h the State board or employing	entity with which you a	re or will b	be associated?
	cial Officer - You are not requ			
<u> </u>	udicial officer ("judicial officer	• •	•	· ·
appointee to the	· •			
Name of Person	Name of Employer (if applicable) Type of Relationship (Licen Regulatory, Business)			of Relationship (Licensing, Regulatory, Business)
Sam Searcy	Graybeard Distillery		Regulatory, ABC Commission	
13. Are you, <u>your spouse</u> , or a memoregistered as such within the <u>12 mo</u> ☐ Yes ☑ No		· -	lobbyist or	r lobbyist principal or were you
Name of Lobbyist	Lobbyist's Principal	Lobbyist's Principal Date of Registration		Registration Expiration
OTHER DISCLOSURES				

14. During any calendar quarter i candidate), did you	in 2017 (but only the time period a	after you were appointed, employ	ed or filed or were nominated as a
• receive any gift(s) exceeding \$	200 per quarter from a person or g	group of persons acting together,	<u>and</u>
• when both you and those perso	n(s) were outside North Carolina	at the time you accepted the gift(s	s), <u>and</u>
• the gift(s) were given under cir	cumstances that would lead a reas	sonable person to conclude that th	ey were given for lobbying?
☐ Yes ☑ No			
 Do not report gifts give. 	n by members of your extended fa	mily.	
Do not report gifts that Report for Exempted Pe	have previously been reported by ersons."	you to the Department of the Sec	retary of State on the "Expense
Date Item Received	Name and Address of Donor(s)	Describe Item Received	Estimated Market Value
• •		nate	
	ne period after you were appointed	• •	inated as a candidate) did you
•	ding \$200 from a person or group	of persons acting together and	
• those person(s) were outside N	_		
•	your public position? A "scholars r event, including tuition, travel,		
	cer - You are not required to comp		_
	er appointee.	piete tills question if you are a jud	icial officer of you are fiffing as a
Do not report gifts that Report for Exempted Pe	have previously been reported by ersons."	you to the Department of the Sec.	retary of State on the "Expense
•	ired to report scholarships paid by s a member or participant or an af		ation of which the legislator or
Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value

Please answer the following question as it p	ertains to the following board/age	ncy:	
	Senate		
16. Were you appointed or are you being co	nsidered for an appointment to a c	covered boar	d by the Governor or another Council of
State member?			
Council of State members are:			
• Governor	• Lt. Governor	Secretary	of State
State Auditor	• State Treasurer	Superinte	endent of Public Instruction
Attorney General	• Commissioner of Agriculture	• Commiss	sioner of Labor
• Commissioner of Insurance			
☐ Yes ☑ No			
If "Yes", list all contributions you (NOT	immediate family members) ma	de during 20	017 with a cumulative total of more than
\$1,000 to the Governor or other Council	of State member who appointed	you.	
Contributions are defined in N C (C S 163 278 6(6) and include but	are not limit	ted to, "any advance, conveyance, deposit,
			ey or anything of value whatsoever."
distribution, transfer of funds, foan	i, payment, girt, piedge or subscrip	otion of mon	ey or anything or value whatsoever.
Date	Amount		Contributed to
☐ No contribution(s) with a cumulative tota	of more than \$1,000		

Please answer the following question as it pertains to	the following board/agency Senate	<i>7</i> :			
17. Are you an appointee or prospective appointee to:					
a. the head of a principal state department (e.g. caorb. a North Carolina Supreme Court Justice, Court				✓ No O'', proceed to question	
or					
c. a member of any of the following boards:					
 ABC Commission Coastal Resources Commission State Board of Education State Board of Elections Division of Employment Security Environmental Management Commission Industrial Commission Human Resources Commission Rules Review Commission Board of Transportation UNC Board of Governors Utilities Commission 					
Wildlife Resources Commission					
d. If so, were you appointed or are you being con position by a Council of State member? Council	= =	=		□ No ", proceed to question	
e. If so, you must indicate whether during 2017 y in any of the following activities with respect to committee of the Council of State member who a i. Collected contributions from multiple cont contributions, and transferred or delivered the or committee? Contributions are defined in contributions.	e or campaign c position: f such multiple	□Yes	□No		
ii. Hosted a fundraiser at your residence or p			□ Ves	□No	
iii. Volunteered for campaign-related activit phone banks, event assistance, mailings, can advances the campaign of a candidate?			□No		
18. Have you ever been convicted of a felony for which expungement regarding that conviction? ☐ Yes ☑ No	ch you have not received ei	ther: (i) a pardon of	innoce	nce; or (ii) an order of	
Offense	Date of Conviction	County of Convid	etion	State of Conviction	

19. Are you aware of any other information that <i>you believe</i> may as compliance with the State Government Ethics Act?	ssist the State Ethics Commission in advising you concerning your
Yes ✓ No If yes, please provide such information below.	
AFFIRMATION	
I affirm that the information provided in this Statement of Econom accurate to the best of my knowledge and belief.	ic Interest and any attachments hereto are true, complete, and
I also certify that I have not transferred, and will not transfer, any a disclosure while retaining an equitable interest.	asset, interest, or property for the purpose of concealing it from
I understand that my Statement of Economic Interest and any attack Confidential Form regarding Unemancipated Children) are public	
I acknowledge that I have read and understand N.C.G.S. 138A-26 and N.C.G.S. 138A-27 regarding providing false information:	regarding concealing or failing to disclose material information
§ 138A-26. Concealing or failing to disclose material informa A filing person who knowingly conceals or knowingly fails to statement of economic interest under this Article shall be guilt action under G.S. 138A-45.	
§ 138A-27. Penalty for false information. A filing person who provides false information on a statement the information is false is guilty of a Class H felony and shall	t of economic interest as required under this Article knowing that be subject to disciplinary action under G.S. 138A-45.
☑ I Agree. It is my intention that this check box constitutes my element of information provided in this Statement of Economic Interest and best of my knowledge and belief.	
Filed Electronically	4/30/2018
Signature	Date
Samuel Lee Searcy	
Printed Name	